

STATE OF MICHIGAN PROBATE COURT COUNTY OF	AUTHORIZATION TO RELEASE WILL HELD FOR SAFEKEEPING	FILE NO.
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Will of _____

I authorize the court to deliver to _____
Name
the sealed envelope containing my will and codicils, if any, being held for safe keeping in the _____
County Probate Court.

Date

Signature of testator

Address

City, state, zip

Social security number or State of Michigan driver's license number

OATH OF WITNESS

NOTE: Neither the witness nor the notary can be the person authorized to accept delivery.

I, _____, being duly sworn say that the named testator signed the above
Name of witness
authorization in my presence.

Date

Signature of witness

Subscribed and sworn to before me on _____, _____ County, Michigan.

My commission expires: _____ Signature: _____

Do not write below this line - For court use only